

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

Registration District No. 187

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6-698

State File No.

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Sampsel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Delivery-Sampsel, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 63 years
years, months or days)

3. (a) PRINT FULL NAME Edward Harvey Walker

3. (b) If veteran, name war. No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia C. Walker 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March 18th. 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 7 If less than one day, hr. _____ min. _____

9. Birthplace Livingston County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Joshua Walker

13. Birthplace Livingston County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Dawkins

15. Birthplace Livingston County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Walker

(b) Address Kearney, Missouri

17. (a) Burial (b) Date thereof 4-27-'44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director F. B. Normen Co.

(b) Address Chillicothe, Missouri

19. (a) April 26 (b) Low E. H. Curry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Sampsel
(If outside city or town limits, write "RURAL")
(d) Street No General Delivery-Sampsel, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th.
year 1944 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from April 18
19 44 to April 22 19 44

that I last saw him alive on Apr. 22 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 3 days

Due to Hepatitis & cardiac decompensation
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. S. Thoms (M. D. or other) _____

Address Lock Springs, Mo. Date signed 4-28-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....**Elton F. Norman**....., Registered Apprentice No.....
working under my personal supervision.

Signed *Elton F. Norman*.....

Licensed Embalmer No. **4036**.....

P. O. Address **Chillicothe, Mo.**.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.